PTO/SB/06 (07-06)

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U.S. Patent and Tradent Affice; U.S. Debart Affice; U.S. Debart Chief, U.S.

P/	PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/575,683			To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY				HER THAN
⊢	FOR	$\overline{}$	NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)	OR	RATE (\$)	FEE (\$)
	BASIC FEE		N/A	.ED	N/A		N/A	ILL(0)	ł	N/A	TLL (0)
┢	(37 CFR 1.16(a), (b), s SEARCH FEF	or (c))							ł	<del></del>	
片	(37 CFR 1.16(k), (i), o		N/A		N/A		N/A		l	N/A	
TO	(37 CFR 1.16(a), (p), (		N/A		N/A		N/A			N/A	
(37	CFR 1.16(i)) EPENDENT CLAIM	18	minus 20 = *			H	x \$ =		OR	x \$ =	
	CFR 1.16(h))				IJ	x \$ =		ı	x \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit	ts of pape 50 (\$125 tional 50 t	gs exceed 100 in size fee due for each in thereof. See CFR 1.16(s).							
	MULTIPLE DEPEN	IDENT CLAIM PR	ESENT (3	7 CFR 1.16(j))		J I			1		
* If t	* If the difference in column 1 is less than zero, enter "0" in column 2.								]	TOTAL	
APPLICATION AS AMENDED – PART II  (Column 1) (Column 2) (Column 3)							OTHER THAN SMALL ENTITY OR SMALL ENTITY				
Ā	10/25/2010	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
AMENDMENT	Total (37 CFR 1.16(i))	• 24	Minus	·· 20	= 4	1	X \$26 =	104	OR	x s =	
ا يزا	Independent (37 CFR 1.16(h))	• 2	Minus	<b></b> 3	= 0	l	X \$110 =	0	OR	x s =	
Ĭ	Application Size Fee (37 CFR 1.16(s))										
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(j))								OR		
						•	TOTAL ADD'L FEE	104	OR	TOTAL ADD'L FEE	
L		(Column 1)		(Column 2)	(Column 3)						
		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,16(i))	•	Minus		=	H	x \$ =		OR	x \$ =	
AMENDMENT	Independent (37 CFR 1/16(h))		Minus	***	=	1	x \$ =		OR	x s =	
ᇳ	Application Size Fee (37 CFR 1.16(s))					1			1		
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					1			OR		
						•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
If the entry in column 1 is less than the ontry in column 2, write 0" in column 3. I legal Instrument Examiner:  "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "20".  "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".  "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".  DAVID SASFAI/  The "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".											

This collection of information is equated by 37 CTR 1.10. The information is required to obtain or retain a benefit by the public which is to life (and by the USPTO to moderable) any objection. Confidentiality is governed by 80 Sts CTR 2nd 37 CTR 1.15. This collection is estimated to state 2 zenutions to complete is evolved in patients of the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or segregations form double be sent to the CERT (information Officer, U.S. Patient and Trademark Office, U.S. Department of Commence, P.O. Box 1450, Alexandrias, VA 2213-1450, Do NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO C. Commissionment for Patients is P.O. Box 1450, Alexandrias, VA 2213-1450, Do NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO C. Commissionment for Patients is P.O. Box 1450, Alexandrias, VA 22313-1450, DR NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO C. Commissionment for Patients is P.O. Box 1450, Alexandrias, VA 22313-1450.